

**DEKALB COUNTY POLICE DEPARTMENT**  
**GA0440200**  
**INCIDENT REPORT**

Case #:  
 17-057675

Incident Type: 16-S-70 (3802) Cruelty to children							Counts 1		Incident Date 3802		Offense Jurisdiction COUNTY		Arrest Jurisdiction															
EVENT	Premise Type: ALL OTHER							Weapon Type:		Portable		Stranger To Stranger Y		Host Motivated <input type="checkbox"/>		Loc Code: 220												
	Date Report: 6/10/2017 7:00:00 PM Incident Start: 4/10/2017 12:00:00 PM Incident End: 6/9/2017 12:00:00 PM Incident Location: 937 Briarcliff Rd Atlanta GA																											
VICTIM	Name (Last, First Middle): [REDACTED]							Home Address: [REDACTED]		Work Address: [REDACTED]		Cell #		Email:														
	Address: Shelbyville TN 37160																											
	SSN:		Resident Status:		HGT		WGT		Hair Color		Hair Style		Hair Length:		Eye Color		DLN #		State:									
	Occupation:							Employer:		Address:										Employer Phone:								
	Victim Type: PERSON/INDIVIDUAL (NOT STUDENT)							Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, Name of Victim's School:		LEOKA Activity Type:										LEOKA Assignment Type:						
	Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other							Used:		<input type="checkbox"/> Drugs		<input type="checkbox"/> Alcohol		<input type="checkbox"/> Computer														
	SMT#:																											
	Relationship To Offender:							(1) _____		(2) _____		(3) _____		(4) _____		(5) _____												
	Offenses Involved:							(6) 3802		(7) _____		(8) _____		(9) _____		(10) _____												
	Name: Unknown, Unknown							Home Address:		Moniker:		DOB:		Age: 00		Sex: U		Race: U		Ethnicity:								
OFFENDER	Address:							Home Phone:		Work Phone:		Cell Phone:		Email:														
	SSN:							Resident Status:		HGT		WGT		Hair Color		Hair Style		Hair Length:		Eye Color		DLN #		State:				
	Occupation:							Employer:		Address:										Employer Phone:								
	SMT#:																											
	Offenses Involved:							(1) _____		(2) _____		(3) _____		(4) _____														
	(5) _____							(6) _____		(7) _____		(8) _____		(9) _____														
	(10) _____																											
	WANTED: <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> SUSPECT ARMED							WEAPON:										Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer										
	TOTAL NUMBER ARRESTED: 1							ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																				
	PROPERTY							VEHICLES		CURRENCY, NOTES ETC		JEWELRY, PREC METALS		FURS														
STOLEN \$0.00							\$0.00		\$0.00		\$0.00																	
RECOVERED \$0.00							\$0.00		\$0.00		\$0.00																	
CLOTHING							OFFICE EQUIP.		RADIOS ETC		HOUSEHOLD GOODS																	
STOLEN \$0.00							\$0.00		\$0.00		\$0.00																	
RECOVERED \$0.00							\$0.00		\$0.00		\$0.00																	
FIREARMS							CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL															
STOLEN \$0.00							\$0.00		\$0.00		\$0.00		\$0.00															
RECOVERED \$0.00							\$0.00		\$0.00		\$0.00		\$0.00															
ADM.							<input type="checkbox"/> CCR ENTRY		<input type="checkbox"/> WARRANT		<input type="checkbox"/> MISSING PERSONS		<input type="checkbox"/> VEHICLE		<input type="checkbox"/> ARTICLE		<input type="checkbox"/> BCAT		<input type="checkbox"/> GUN		<input type="checkbox"/> SECURITIES							
DRUG							Did investigation indicate that this incident was drug-related? If <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1. Amphetamine <input type="checkbox"/> 2. Barbiturate <input type="checkbox"/> 3. Cocaine <input type="checkbox"/> 4. Hallucinogen <input type="checkbox"/> 5. Heroin YES, please indicate the type of drug(s) used by offender <input type="checkbox"/> 6. Marijuana <input type="checkbox"/> 7. Methamphetamine <input type="checkbox"/> 8. Opium <input type="checkbox"/> 9. Synthetic Narcotic <input type="checkbox"/> 10. Unknown																					
CLEAR							REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED							DATE OF CLEARANCE											<input type="checkbox"/> ADULT		<input type="checkbox"/> JUVENILE	
REPORTING OFFICER							NUMBER							APPROVING OFFICER							NUMBER							
James M							2167																					

**DEKALB COUNTY POLICE DEPARTMENT**  
**GA0440200**  
**NARRATIVE**

Case #:  
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Officer ID/Name: 2167 Date: James a m Approving Officer ID/Name:  
2167 James a m Date:

Title INITIAL REPORT

The victim states she was physically assaulted on multiple occasions while she was a patient at Laurel Heights Hospital.  
Investigation continues.

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**NARRATIVE**

Case #  
17-057675

Officer ID/Name: Date: Approving Officer ID/Name: Date  
2167 James a m 2167 James a m

Title: SUPPLEMENTAL NARRATIVE

Mr. Tim Meador (Social Worker at T.C. Thompson's Children Hospital) stated the victim arrived at their facility on 6/10/17 and she was covered with bruises and there were spots on her scalp where her hair had been pulled out. Mr. Meador states the victim reports she was assaulted by patients and staff at Laurel Heights Hospital.